

Form 990

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047

2010

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning 07-01-2010 and ending 06-30-2011

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Terminated

☐ Amended return

☐ Application pending

C Name of organization

AMERICAN LEGACY FOUNDATION

Doing Business As

Number and street (or P O box if mail is not delivered to street address)

1724 MASSACHUSETTS AVENUE NW

Room/suite

City or town, state or country, and ZIP + 4

WASHINGTON, DC 20036

F Name and address of principal officer

CHERYL G HEALTON DRPH

1724 MASSACHUSETTS AVENUE NW

WASHINGTON, DC 20036

D Employer identification number

91-1956621

E Telephone number

(202) 454-5555

G Gross receipts \$ 81,552,727

I Tax-exempt status

☒ 501(c)(3) ☐ 501(c) () (Insert no) ☐ 4947(a)(1) or ☐ 527

J Website:

HTTP //WWW.LEGACYFORHEALTH.ORG

K Form of organization

☒ Corporation ☐ Trust ☐ Association ☐ Other

L Year of formation

1999

M State of legal domicile

DE

Part I	Summary																								
Activities & Governance	<div><div>1</div><div>Briefly describe the organization's mission or most significant activities</div><div>LEGACY'S MISSION IS TO BUILD A WORLD WHERE YOUNG PEOPLE REJECT TOBACCO AND ANYONE CAN QUIT THE FOUNDATION SUPPORTS (1) THE STUDY OF AND PROGRAMS TO REDUCE YOUTH TOBACCO PRODUCT USAGE AND YOUTH SUBSTANCE ABUSE IN THE STATES AND (2) THE STUDY OF AND EDUCATIONAL PROGRAMS TO PREVENT DISEASES ASSOCIATED WITH THE USE OF TOBACCO PRODUCTS IN THE STATES</div></div>																								
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Part II

Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

Signature of officer

2011-10-31

Date

ANTHONY O'TOOLE EVP, CFIO

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name

WILLIAM E TURCO

Preparer's signature

WILLIAM E TURCO

Date

Check if self-employed

☐

PTIN

Firm's name

RSM MCGLADREY INC

Firm's EIN

Firm's address

R 9737 WASHINGTONIAN BLVD 400

GAITHERSBURG, MD 208787340

Phone no

(301) 296-3600

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2010)

Part IIIStatement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III

1Briefly describe the organization’s mission

LEGACY IS DEDICATED TO BUILDING A WORLD WHERE YOUNG PEOPLE REJECT TOBACCO AND ANYONE CAN QUIT LOCATED IN WASHINGTON, DC, THIS GROUND-BREAKING NATIONAL PUBLIC HEALTH ORGANIZATION HELPS AMERICANS TO LIVE LONGER, HEALTHIER LIVES LEGACTY DEVELOPS PROGRAMS THAT ADDRESS THE HEALTH EFFECTS OF TOBACCO USE, ESPECIALLY AMONG VULNERABLE POPULATIONS DISPROPORTIONATELY AFFECTED BY THE TOLL OF TOBACCO, THROUGH GRANTS, TECHNICAL ASSISTANCE AND TRAINING, PARTNERSHIPS, YOUTH ACTIVISM AND COUNTER-MARKETING AND GRASSROOTS MARKETING CAMPAIGNS LEGACY WAS CREATED AS A RESULT OF THE NOVEMBER 1998 MASTER SETTLEMENT AGREEMENT (MSA) REACHED BETWEEN ATTORNEYS GENERAL FROM 46 STATES, 5 US TERRITORIES AND THE TOBACCO INDUSTRY VISIT HTTP //WWW.LEGACYFORHEALTH.ORG FOR MORE INFORMATION

2Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

If “Yes,” describe these new services on Schedule O

3Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

If “Yes,” describe these changes on Schedule O

4Describe the exempt purpose achievements for each of the organization’s three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a(Code) (Expenses \$ 30,908,938 including grants of \$ 1,500) (Revenue \$)

COUNTER MARKETING & PUBLIC EDUCATIONTHE FOUNDATION'S PROGRAMS INCLUDE TRUTH, A NATIONAL YOUTH SMOKING PREVENTION CAMPAIGN THAT HAS BEEN CITED AS HAVING CONTRIBUTED TO SIGNIFICANT DECLINES IN YOUTH SMOKING, EX, AN INNOVATIVE PUBLIC HEALTH PROGRAM DESIGNED TO SPEAK TO SMOKERS IN THEIR OWN LANGUAGE AND CHANGE THE WAY THEY APPROACH QUITTING, AND RESEARCH INITIATIVES EXPLORING THE CAUSES, CONSEQUENCES AND APPROACHES TO REDUCING TOBACCO USE. THE MARKETING DEPARTMENT PRODUCES THESE CAMPAIGNS IN SUPPORT OF LEGACY'S MISSION AS WELL TO PROMOTE THE OVERALL LEGACY BRAND AMONG KEY AUDIENCES. WORKING IN COLLABORATION WITH A GROUP OF OUTSIDE AGENCIES, THE DEPARTMENT DEVELOPS ADVERTISEMENTS FOR PRINT, RADIO, TV, WEB,MOBILE AND OTHER EMERGING MEDIA VEHICLES, AND PLANS, PLACES AND MANAGES ALL RELATED PAID AND DONATED MEDIA EFFORTS. IN ADDITION, MARKETING PRODUCES GRASSROOTS AND SPECIAL EVENT INITIATIVES, AS WELL AS COLLATERAL AND OTHER PROMOTIONAL ITEMS AS COMPLEMENTARY AND INTEGRATED TACTICS

4b(Code) (Expenses \$ 5,662,920 including grants of \$ 5,137,847) (Revenue \$)

GRANTS HISTORICALLY, LEGACY HAS AWARDED GRANTS AND CONTRACTS ON TWO LEVELS. IN RESPONSE TO NATIONAL CALLS FOR PROPOSALS, AND THROUGH A RESPONSIVE DIRECTED GRANT MAKING MODE, EACH GRANT OR CONTRACT AIMS TO AFFECT ONE OR MORE OF THE FOUNDATION'S GOALS. IN FEBRUARY, 2009, LEGACY'S BOARD OF DIRECTORS MADE A DECISION TO DISCONTINUE ITS NATIONAL CALLS FOR PROPOSALS FOR THE GRANT-MAKING PROGRAM, WITH THE LAST CYCLE AWARDED IN SUMMER, 2009. ALL CURRENT EXISTING GRANTS WILL BE SUPPORTED UNTIL THE GRANT HAS ENDED, PER CONTRACTUAL AGREEMENT. THE FOUNDATION WILL CONTINUE TO PROVIDE DIRECTED GRANT MAKING ON A VERY LIMITED BASIS.

4c(Code) (Expenses \$ 2,831,112 including grants of \$ 2,000) (Revenue \$)

SCHROEDER INSTITUTE FOR TOBACCO RESEARCH AND POLICY STUDIESRESEARCH INVESTIGATORS IN THE SCHROEDER INSTITUTE (SI) CONDUCT BASIC, APPLIED, AND POLICY RESEARCH THAT CAN BE HARNESSSED TO MAKE A TIMELY AND EFFICIENT PUBLIC HEALTH IMPACT ON REDUCING POPULATION TOBACCO USE PREVALENCE. THE SI ALSO PLAYS A LEADERSHIP ROLE IN STRENGTHENING THE NATIONAL AGENDA FOR NEXT-GENERATION TOBACCO CONTROL RESEARCH BY CONVENING AN ONGOING SERIES OF CONSENSUS CONFERENCES TO IDENTIFY CRITICAL KNOWLEDGE GAPS AND PRESSING RESEARCH PRIORITIES.

4dOther program services (Describe in Schedule O) See also Additional Data for Description

(Expenses \$ 10,364,580 including grants of \$ 810,792) (Revenue \$)

4eTotal program service expenses \$ 49,767,550

Part IV

Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A.</i>	Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)?	Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I.</i>		No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II.</i>		No
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III.</i>		
6 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I.</i>		No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If "Yes," complete Schedule D, Part II.</i>		No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III.</i>		No
9 Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV.</i>		No
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V.</i>		No
11 If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i> b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII.</i> c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII.</i> d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX.</i> e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i> f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X.</i>	Yes	
11a	Yes	
11b	Yes	
11c		No
11d		No
11e	Yes	
11f	Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII.</i>		No
12b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional.</i>	Yes	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i>		No
14a Did the organization maintain an office, employees, or agents outside of the United States?		No
14b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Parts I and IV.</i>		No
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S ? <i>If "Yes," complete Schedule F, Parts II and IV.</i>		No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? <i>If "Yes," complete Schedule F, Parts III and IV.</i>		No
17 Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I (see instructions).</i>	Yes	
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II.</i>		No
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III.</i>		No
20a Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H.</i>		No
20b If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions).		

Part IV

Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b–24d and complete Schedule K. If "No," go to line 25</i>	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33	Yes	
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	34		No
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		No
a	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

<div>Part V</div> <div>Statements Regarding Other IRS Filings and Tax Compliance</div> <div>Check if Schedule O contains a response to any question in this Part V</div>					<div>Yes</div> <div>No</div>			
1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable					1a	72		
b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable					1b	0		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?					1c	Yes		
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements filed for the calendar year ending with or within the year covered by this return					2a	167		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?					2b	Yes		
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)								
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?					3a	Yes		
b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O					3b	Yes		
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?					4a	Yes		
b If "Yes," enter the name of the foreign country BR , CI , EG , ID , IS , KS , MY , RP , CH , TH , TU , AE See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts								
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?					5a			No
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?					5b			No
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?					5c			
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?					6a			No
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?					6b			
7 Organizations that may receive deductible contributions under section 170(c).								
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?					7a	Yes		
b If "Yes," did the organization notify the donor of the value of the goods or services provided?					7b	Yes		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?					7c			No
d If "Yes," indicate the number of Forms 8282 filed during the year					7d			
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?					7e			No
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?					7f			No
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?					7g			
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?					7h			
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?					8			
9 Sponsoring organizations maintaining donor advised funds.								
a Did the organization make any taxable distributions under section 4966?					9a			
b Did the organization make a distribution to a donor, donor advisor, or related person?					9b			
10 Section 501(c)(7) organizations. Enter								
a Initiation fees and capital contributions included on Part VIII, line 12					10a			
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities					10b			
11 Section 501(c)(12) organizations. Enter								
a Gross income from members or shareholders					11a			
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)					11b			
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?					12a			
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year					12b			
13 Section 501(c)(29) qualified nonprofit health insurance issuers.								
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O					13a			
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans					13b			
c Enter the amount of reserves on hand					13c			
14a Did the organization receive any payments for indoor tanning services during the tax year?					14a			No
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O					14b			

Part VI

Governance, Management, and Disclosure

For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response to any question in this Part VI

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a11		
b	Enter the number of voting members included in line 1a, above, who are independent	1b11		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	Yes	
6	Does the organization have members or stockholders?	6		No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	Yes	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed	AK, AL, AR, AZ, CA, CT, FL, GA, HI, IL, KS, KY, MA, MD, ME, MI, MS, MN, NC, ND, NJ, NH, NM, NY, OH, OK, OR, PA, RI, SC, TN, UT, VA, WA, WI, WV
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. <input checked="" type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request	
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table.	
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization.	ANTHONY T O'TOOLE 1724 MASSACHUSETTS AVENUE NW WASHINGTON, DC 20036 (202) 454-5555

Part VII

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response to any question in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) HON LAWRENCE G WASDEN CHAIR	5.00	X		X				0	0	0
(2) SUSAN CURRY PHD VICE-CHAIR	5.00	X		X				0	0	0
(3) JONATHAN E FIELDING MD MPH TREASURER	5.00	X		X				0	0	0
(4) BENJAMIN K CHU MD MPH MACP IMMEDIATE PAST CHAIR	5.00	X						0	0	0
(5) DONALD K BOSWELL DIRECTOR	5.00	X						0	0	0
(6) HON GARY R HERBERT DIRECTOR	5.00	X						0	0	0
(7) HON TOM MILLER DIRECTOR	5.00	X						0	0	0
(8) HON JEREMIAH W JAY NIXON DIRECTOR	5.00	X						0	0	0
(9) HON CHARLES K SCOTT DIRECTOR	5.00	X						0	0	0
(10) HON LETICIA VAN DE PUTTE DIRECTOR	5.00	X						0	0	0
(11) M CASS WHEELER DIRECTOR	5.00	X						0	0	0
(12) CHERYL G HEALTON PRESIDENT & CEO	37.50			X				582,196	0	167,497
(13) ANTHONY T O'TOOLE EXEC VP & CFO	37.50			X				408,811	0	143,375
(14) ELLEN VARGYAS GENERAL COUNSEL/CORP SECR	37.50			X				303,584	0	103,947
(15) M DAVID DOBBINS COO	37.50				X			312,601	0	97,594
(16) DAVID ABRAMS EXEC DIR SHROEDER INSTITU	37.50				X			381,473	0	55,326

Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(17) ERIC ASCHE SENIOR VP, MARKETING	37 50				X			226,622	0	50,884
(18) AMBER BULLOCK EXEC VP PROGRAM DEVELOPMENT	37 50				X			239,368	0	67,095
(19) STEPHANIE FOSTER SENIOR VP, GOVT AFFAIRS	37 50					X		230,895	0	56,114
(20) ROBIN KORNHABER SVP, DEVEL & CHIEF DEV	37 50					X		231,769	0	55,467
(21) RAYMOND NIAURA ASSO DIR , SHROEDER	37 50					X		279,150	0	52,393
(22) WILLIAM FURMANSKI SR VP COLLABORATION	37 50					X		214,144	0	38,705
(23) DONNA VALLONE SR VP RESEARCH	37 50					X		208,448	0	47,364
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								3,619,061	0	935,761

2

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization▶30

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		No
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	Yes	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		No

Section B. Independent Contractors

1

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation
PHD USA 220 EAST 42ND ST 7TH FL NEW YORK, NY 10017	MARKETING	29,375,041
ARNOLD WORLDWIDE LLC 101 HUNTINGTON AVE BOSTON, MA 02199	MARKETING	4,649,487
GSD&M IDEA CITY LLC PO BOX 685095 AUSTIN, TX 78703	MARKETING	3,407,087
GTM INC 239 WALKER ST ATLANTA, GA 30313	MARKETING	988,431
WESTAT INC 1650 RESEARCH BLVD ROCKVILLE, MD 20850	RESEARCH	562,850
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶29		

Part VIII

Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns . . .	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations . . .	1d				
	e	Government grants (contributions)	1e	1,723,365			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	621,773			
	g	Noncash contributions included in lines 1a-1f \$					
	h	Total. Add lines 1a-1f			2,345,138		
Program Service Revenue	2a		Business Code				
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f					
	Other Revenue	3	Investment income (including dividends, interest and other similar amounts)			14,208,037	
4		Income from investment of tax-exempt bond proceeds . .					
5		Royalties					
6a		Gross Rents	(i) Real	(ii) Personal			
b		Less rental expenses					
c		Rental income or (loss)					
d		Net rental income or (loss)			1,037,693	878,926	158,767
7a		Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
b		Less cost or other basis and sales expenses					
c		Gain or (loss)					
d		Net gain or (loss)			60,078,481		60,078,481
8a		Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18					
b		Less direct expenses					
c		Net income or (loss) from fundraising events . .					
9a		Gross income from gaming activities See Part IV, line 19 . . a					
b		Less direct expenses					
c		Net income or (loss) from gaming activities . .					
10a		Gross sales of inventory, less returns and allowances					
b		Less cost of goods sold					
c		Net income or (loss) from sales of inventory . .					
Miscellaneous Revenue		Business Code					
11a	OTHER INCOME		900099	408,543			408,543
b	GARAGE PARKING		812930	179,508		179,508	
c							
d	All other revenue						
e	Total. Add lines 11a-11d			588,051			
12	Total revenue. See Instructions			78,257,400	0	1,058,434	74,853,828

Part IX

Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	5,936,139	5,936,139		
2	Grants and other assistance to individuals in the U S See Part IV, line 22	16,000	16,000		
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	3,191,194	2,013,593	1,008,667	168,934
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	8,588,202	5,394,199	2,742,634	451,369
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	1,204,890	771,871	367,706	65,313
9	Other employee benefits	1,322,877	847,457	403,712	71,708
10	Payroll taxes	653,315	418,524	199,377	35,414
a	Fees for services (non-employees) Management				
b	Legal	150,879		150,879	
c	Accounting	189,430		189,430	
d	Lobbying				
e	Professional fundraising services See Part IV, line 17	161,985			161,985
f	Investment management fees	6,478,799		6,478,799	
g	Other	32,170,326	31,826,405	307,078	36,843
12	Advertising and promotion	49,574	42,920	6,454	200
13	Office expenses	1,737,037	569,126	1,088,856	79,055
14	Information technology	230,107	85,282	136,936	7,889
15	Royalties				
16	Occupancy	508,694	58,000	283,272	167,422
17	Travel	739,364	523,436	159,982	55,946
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	707,467	503,819	145,605	58,043
20	Interest	1,046,959		1,046,959	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	854,384	5,610	848,774	
23	Insurance	343,364	82,130	260,801	433
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a	INCOME TAX EXPENSE	319,707		319,707	
b	OTHER EXPENSES	208,531	114,184	43,823	50,524
c	BOND ISSUANCE AMORTIZAT	34,262		34,262	
d	HONORARIUM	7,500	6,000	1,500	
e	ALLOCATED OVERHEAD	0	552,855	-601,091	48,236
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	66,850,986	49,767,550	15,624,122	1,459,314
26	Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X

Balance Sheet

					(A)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing			500	1	500
	2	Savings and temporary cash investments			122,650,213	2	131,443,859
	3	Pledges and grants receivable, net			473,337	3	239,185
	4	Accounts receivable, net			193,790	4	129,849
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees <i>Complete Part II of Schedule L</i>				5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers, and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) <i>Schedule L</i>				6	
	7	Notes and loans receivable, net				7	
	8	Inventories for sale or use			48,983	8	22,818
	9	Prepaid expenses and deferred charges			355,216	9	380,746
	10a	Land, buildings, and equipment <i>cost or other basis Complete Part VI of Schedule D</i>	10a	65,848,522			
	b	Less accumulated depreciation	10b	12,869,518	54,417,811	10c	52,979,004
	11	Investments—publicly traded securities			322,856,877	11	388,070,008
	12	Investments—other securities <i>See Part IV, line 11</i>			474,737,843	12	500,669,778
	13	Investments—program-related <i>See Part IV, line 11</i>				13	
	14	Intangible assets				14	
	15	Other assets <i>See Part IV, line 11</i>			994,378	15	26,647,604
	16	Total assets. Add lines 1 through 15 (must equal line 34)			976,728,948	16	1,100,583,351
Liabilities	17	Accounts payable and accrued expenses			6,640,321	17	6,990,363
	18	Grants payable			111,500	18	143,870
	19	Deferred revenue			618,624	19	58,134
	20	Tax-exempt bond liabilities			28,000,000	20	28,000,000
	21	Escrow or custodial account liability <i>Complete Part IV of Schedule D</i>				21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons <i>Complete Part II of Schedule L</i>				22	
	23	Secured mortgages and notes payable to unrelated third parties				23	
	24	Unsecured notes and loans payable to unrelated third parties			21,955,308	24	20,614,525
	25	Other liabilities <i>Complete Part X of Schedule D</i>			6,088,486	25	5,170,823
	26	Total liabilities. Add lines 17 through 25			63,414,239	26	60,977,715
Net Assets or Fund Balances		Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.					
	27	Unrestricted net assets			913,314,709	27	1,039,605,636
	28	Temporarily restricted net assets				28	
	29	Permanently restricted net assets				29	
		Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.					
	30	Capital stock or trust principal, or current funds				30	
	31	Paid-in or capital surplus, or land, building or equipment fund				31	
	32	Retained earnings, endowment, accumulated income, or other funds				32	
	33	Total net assets or fund balances			913,314,709	33	1,039,605,636
	34	Total liabilities and net assets/fund balances			976,728,948	34	1,100,583,351

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	78,257,400
2	Total expenses (must equal Part IX, column (A), line 25)	2	66,850,986
3	Revenue less expenses Subtract line 2 from line 1	3	11,406,414
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	913,314,709
5	Other changes in net assets or fund balances (explain in Schedule O)	5	114,884,513
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	1,039,605,636

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		No
b	Were the organization's financial statements audited by an independent accountant?	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separated basis		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	Yes	

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public
Inspection

Name of the organization AMERICAN LEGACY FOUNDATION	Employer identification number 91-1956621
--	--

Part I

Reason for Public Charity Status (All organizations must complete this part.) See instructions

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

- 1

☐

A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2

☐

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)
- 3

☐

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state
- 5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)
- 6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7

☒

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9

☐

An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)
- 10

☐

An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**
- 11

☐

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a

☐

Type I

b

☐

Type II

c

☐

Type III - Functionally integrated

d

☐

Type III - Other
- e

☐

By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
- f

☐

If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box
- g

☐

Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i)

a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?

(ii)

a family member of a person described in (i) above?

(iii)

a 35% controlled entity of a person described in (i) or (ii) above?
- h

☐

Provide the following information about the supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
Total									

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	44,437,165	49,606,249	4,710,307	3,766,128	2,576,538	105,096,387
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	44,437,165	49,606,249	4,710,307	3,766,128	2,576,538	105,096,387
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public Support. Subtract line 5 from line 4						105,096,387

Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4	44,437,165	49,606,249	4,710,307	3,766,128	2,576,538	105,096,387
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	30,672,725	32,641,963	20,736,219	16,807,876	14,870,989	115,729,772
9 Net income from unrelated business activities, whether or not the business is regularly carried on	204,114		435,502	240,970		880,586
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)				48,143	158,543	206,686
11 Total support (Add lines 7 through 10)						221,913,431
12 Gross receipts from related activities, etc (See instructions)					12	1,943,977
13 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here ▶						

Section C. Computation of Public Support Percentage		
14 Public Support Percentage for 2010 (line 6 column (f) divided by line 11 column (f))	14	47.360 %
15 Public Support Percentage for 2009 Schedule A, Part II, line 14	15	52.540 %
16a 33 1/3% support test—2010. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶		
b 33 1/3% support test—2009. If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶		
17a 10%-facts-and-circumstances test—2010. If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶		
b 10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶		
18 Private Foundation If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions ▶		

Part IIISupport Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public Support (Subtract line 7c from line 6)						

Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11 and 12.)						
14 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶						

Section C. Computation of Public Support Percentage		
15 Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f))	15	
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage		
17 Investment income percentage for 2010 (line 10c column (f) divided by line 13 column (f))	17	
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2010. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶		
b 33 1/3% support tests—2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶		
20 Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions ▶		

Part IV

Supplemental Information. Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Additional Data

Software ID:
Software Version:
EIN: 91-1956621
Name: AMERICAN LEGACY FOUNDATION

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

4d. Other program services				
(Code)	(Expenses \$ 1,749,027	including grants of \$ 135,735	(Revenue \$)	
COMMUNICATIONSLEGACY SEEKS TO INCREASE AWARENESS ABOUT THE ISSUE OF TOBACCO USE IN AMERICA, BY EDUCATING GENERAL PUBLIC ABOUT THE ADDICTIVENESS OF NICOTINE, THE TOLL OF DEATH AND DISEASE FROM TOBACCO USE, AND THE SOCIAL AND ECONOMIC CONSEQUENCES TOBACCO USE TAKES IN OUR SOCIETY THE OFFICE OF COMMUNICATIONS IS CHARGED WITH THE MANAGEMENT AND EXECUTION OF ALL INTERNAL AND EXTERNAL COMMUNICATIONS FOR THE FOUNDATION, INCLUDING MEDIA RELATIONS, PUBLIC RELATIONS, AND STAKEHOLDER COMMUNICATIONS AS WELL AS GENERAL COMMUNICATIONS-RELATED SUPPORT FOR FOUNDATION PROGRAMS, THE CEO AND PRESIDENT, THE BOARD OF DIRECTORS, AND EXECUTIVE STAFF LEGACY COMMUNICATIONS UNDERTAKES A NUMBER OF ACTIVITIES TO ENSURE THAT THE ISSUE OF TOBACCO USE REMAINS ON THE NATIONAL AGENDA ACTIVITIES INCLUDE MAINTAINING A RELATIONSHIP WITH THE MEMBERS OF THE MEDIA, DEVELOPING AND ISSUING PRESS RELEASES, STATEMENTS AND OTHER OUTREACH MATERIALS, PUBLICIZING FOUNDATION PROGRAMS AND EFFORTS, MANAGING AGENCIES AND OTHER EXTERNAL VENDORS, COLLABORATING WITH PARTNERS IN TOBACCO CONTROL AND PUBLIC HEALTH, SOCIAL MEDIA OUTREACH AND MANAGEMENT OF THE PRESIDENT'S BLOG, DEVELOPING AND DISSEMINATING MATERIALS THAT SUPPORT PROGRAMS AND PROVIDE INFORMATION TO INTERESTED PARTIES (FACT SHEETS, PROGRESS REPORTS), ADVISING ON CRISIS COMMUNICATIONS SITUATIONS, AND BUILDING RELATIONSHIPS WITH ORGANIZATIONS AND INDIVIDUALS THROUGH THOUGHT LEADERSHIP PANEL DISCUSSIONS, OUTREACH, SPEAKING OPPORTUNITIES, SPEECHWRITING, NEWS BRIEFINGS AND CONFERENCES				
(Code)	(Expenses \$ 772,763	including grants of \$ 34,045	(Revenue \$)	
GOVERNMENT AFFAIRSTHE GOVERNMENT AFFAIRS DEPARTMENT EDUCATES POLICYMAKERS AT THE FEDERAL, STATE AND LOCAL LEVEL ABOUT LEGACY'S LIFE SAVING PROGRAMS AS WELL AS A WIDE RANGE OF INFORMATION ABOUT THE IMPACT OF THE TOBACCO EPIDEMIC WE ACHIEVE THIS GOAL THROUGH PARTICIPATION IN A VARIETY OF MEETINGS, BRIEFINGS, PUBLICATIONS, ETC OUR EDUCATIONAL EFFORTS ARE SUPPORTED BY DISSEMINATION OF THE FOUNDATION'S RESEARCH STUDIES AND REPORTS, AS WELL AS STRATEGIC PARTICIPATION IN AND SPONSORSHIP OF CONFERENCES AND EVENTS THAT ALLOW US TO BUILD AWARENESS OF OUR FOUNDATION AND ITS IMPORTANT WORK AS WELL AS KEY INFORMATION ABOUT THE TOBACCO EPIDEMIC BEFORE KEY AUDIENCES THE FOUNDATION DOES NOT ENGAGE IN LOBBYING ACTIVITIES, IN COMPLIANCE WITH THE MASTER SETTLEMENT AGREEMENT'S PROHIBITION				
(Code)	(Expenses \$ 2,216,097	including grants of \$ 10,175	(Revenue \$)	
PROGRAM DEVELOPMENT & DISSEMINATIONPROGRAM DEVELOPMENT INCLUDES DEVELOPMENT AND EXECUTION OF PROGRAMMATIC COMPONENTS TO SUPPORT CESSATION AND PREVENTION ACTIVITIES IN ADDITION, THIS UNIT IS RESPONSIBLE FOR STRATEGIC DEVELOPMENT AND COORDINATION OF COMPREHENSIVE PROGRAM PLANS THAT INCLUDE YOUTH LEADERSHIP DEVELOPMENT, TECHNICAL ASSISTANCE AND TRAINING (TAT) TO BUILD CAPACITY WITH LOCAL PARTNERSHIP ORGANIZATIONS, PLUS RELATIONS WITH THE EXTERNAL TOBACCO CONTROL AND PREVENTION COMMUNITY IN ADDITION, WE DISSEMINATE THE OUTCOMES OF OUR GRANT AND TAT PROJECTS WITH PUBLICATIONS AND RESOURCES TARGETED TO THE PUBLIC HEALTH COMMUNITY				
(Code)	(Expenses \$ 2,720,366	including grants of \$ 434,373	(Revenue \$)	
RESEARCH & EVALUATION THE RESEARCH AND EVALUATION DEPARTMENT EVALUATES THE EFFECTIVENESS OF ALL LEGACY INITIATIVES THESE EFFORTS HELP ENSURE THAT PROGRAMS ARE IMPLEMENTED WITH THE HIGHEST LEVEL OF EFFICIENCY AND EFFICACY POSSIBLE TO REDUCE TOBACCO-RELATED DISEASE AND DEATH USING RIGOROUS RESEARCH METHODS, THE TEAM DEVELOPS LOGIC MODELS, SAMPLING PLANS, ANALYTIC OUTLINES, AND CONDUCTS DATA ANALYSES FOR EACH PROGRAMMATIC COMPONENT FINDINGS ARE THEN USED TO DEVELOP PEER-REVIEWED PUBLICATIONS, AS WELL AS BRIEF REPORTS WRITTEN FOR BOTH SPECIFIC AUDIENCES AND THE GENERAL PUBLIC, IN AN EFFORT TO ADVANCE THE SCIENCE RELATED TO TOBACCO CONTROL TO ENSURE THE HIGHEST LEVEL OF CREDIBILITY, RESEARCH STAFF ALSO SUBSTANTIATE ANY AND ALL FACTUAL INFORMATION FOR ALL LEGACY-RELATED PRODUCTS				
(Code)	(Expenses \$ 344,085	including grants of \$ 20,164	(Revenue \$)	
PRIORITY POPULATIONSTHE LEGACY HAS A STEADFAST COMMITMENT TO HELP ADDRESS THE TOBACCO-RELATED HEALTH DISPARITIES AMONG UNDERSERVED AND DISADVANTAGED POPULATIONS WHO DISPROPORTIONATELY BEAR THE TOLL OF TOBACCO LEGACY PROVIDES SUPPORT FOR CULTURALLY TAILORED APPROACHES TO PREVENT AND CONTROL TOBACCO USE AMONG THE FOLLOWING PRIORITY POPULATIONS, (AFRICAN AMERICANS, ASIAN/PACIFIC ISLANDERS, HISPANICS, NATIVE AMERICANS, GAY/LESBIAN/TRANSGENDER, LOW SOCIAL ECONOMIC STATUS POPULATIONS, AND PERSONS WITH COMBINED HEALTH PROBLEMS, ESPECIALLY MENTAL ILLNESS, ALCOHOLISM OR SUBSTANCE ABUSE IN ADDITION TO PROGRAMMATIC INITIATIVES, PRIORITY POPULATIONS IS RESPONSIBLE FOR FOSTERING PARTNERSHIPS AND OUTREACH TO NON-PROFITS AND LEADERSHIP ORGANIZATIONS SERVING THESE VARIOUS COMMUNITIES				
(Code)	(Expenses \$ 378,589	including grants of \$ 12,500	(Revenue \$)	
YOUTH ACTIVISMIN ADDITION TO OUR GROUND BREAKING AND PROVEN EFFECTIVE TRUTH COUNTER MARKETING CAMPAIGN, LEGACY PROVIDES PROGRAMMING FOR STATES AND LOCALITIES TO INCREASE YOUTH ACTIVISM AT THE COMMUNITY AND NATIONAL LEVELS THE FOUNDATION'S YOUTH ACTIVISM PROGRAMS SERVE TO PROMOTE AND INVEST IN THE LEADERSHIP OF YOUTH ACTIVISTS COMMITTED TO TOBACCO CONTROL AND PREVENTION, AS WELL AS TO GATHER INSIGHT AND PERSPECTIVE ON YOUTH CULTURE				
(Code)	(Expenses \$ 2,017,348	including grants of \$ 38,800	(Revenue \$)	
COLLABORATION & OUTREACHTHE COLLABORATION AND OUTREACH DEPARTMENT WORKS CROSS-DEPARTMENTALLY TO SUPPORT IMPLEMENTATION OF THE ORGANIZATION'S INITIATIVES AND ASSIST WITH PROMOTION OF PROGRAMS AND RESOURCES TO EXTERNAL AUDIENCES THE DEPARTMENT ALSO MANAGES A PORTFOLIO OF APPROXIMATELY ONE DOZEN GRANTS AND CONTRACTS TO STRATEGIC PARTNERS AND MAINTAINS AN ORGANIZATION-WIDE STAKEHOLDER CONTACT DATABASE WORK IN THE DEPARTMENT IS GUIDED BY A PROACTIVE ANNUAL STAKEHOLDER OUTREACH PLAN THAT IS DESIGNED TO INCREASE THE FREQUENCY AND FLOW OF INFORMATION TO KEY LEGACY AUDIENCES AND PROVIDE FORUMS FOR FEEDBACK ON THE ORGANIZATIONS ACTIVITIES DEPARTMENT ACTIVITIES INCLUDE EXTERNAL PARTNER RELATIONSHIP MANAGEMENT AT THE LOCAL, STATE AND NATIONAL LEVELS, IDENTIFICATION OF AND OUTREACH TO NEW ORGANIZATIONS, PRODUCTION OF INTERNAL OUTREACH TOOLS SUCH AS TALKING POINTS AND A CALENDAR OF ACTIVITIES, SUPPORT FOR AND EXECUTION OF MEETINGS, CONFERENCES AND EVENTS, AND COORDINATION OF PROJECTS INCLUDING SPONSORSHIPS, AWARDS, E-MARKETING AND AN ANNUAL STAKEHOLDER SURVEY				
(Code)	(Expenses \$ 166,305	including grants of \$ 125,000	(Revenue \$)	
OTHER				

SCHEDULE D
(Form 990)

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization AMERICAN LEGACY FOUNDATION	Employer identification number 91-1956621
--	--

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate contributions to (during year)	
3	Aggregate grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit	<input type="checkbox"/> Yes <input type="checkbox"/> No

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1	Purpose(s) of conservation easements held by the organization (check all that apply) <input type="checkbox"/> Preservation of land for public use (e g , recreation or pleasure) <input type="checkbox"/> Protection of natural habitat <input type="checkbox"/> Preservation of open space <input type="checkbox"/> Preservation of an historically importantly land area <input type="checkbox"/> Preservation of a certified historic structure
2	Complete lines 2a–2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year
a	Total number of conservation easements
b	Total acreage restricted by conservation easements
c	Number of conservation easements on a certified historic structure included in (a)
d	Number of conservation easements included in (c) acquired after 8/17/06
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ _____
4	Number of states where property subject to conservation easement is located ▶ _____
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? <input type="checkbox"/> Yes <input type="checkbox"/> No
6	Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year ▶ _____
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ _____
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? <input type="checkbox"/> Yes <input type="checkbox"/> No
9	In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a	If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items
b	If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items
(i)	Revenues included in Form 990, Part VIII, line 1 ▶ \$ _____
(ii)	Assets included in Form 990, Part X ▶ \$ _____
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items
a	Revenues included in Form 990, Part VIII, line 1 ▶ \$ _____
b	Assets included in Form 990, Part X ▶ \$ _____

Part III

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3

Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

a

☐ Public exhibition

d

☐ Loan or exchange programs

b

☐ Scholarly research

e

☐ Other

c

☐ Preservation for future generations

4

Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

Part IV

Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIV and complete the following table

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIV

Part V

Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a)Current Year	(b)Prior Year	(c)Two Years Back	(d)Three Years Back	(e)Four Years Back
1a	Beginning of year balance				
b	Contributions				
c	Investment earnings or losses				
d	Grants or scholarships				
e	Other expenditures for facilities and programs				
f	Administrative expenses				
g	End of year balance				

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment ▶

b

Permanent endowment ▶

c

Term endowment ▶

3a

Are there endowment funds not in the possession of the organization that are held and administered for the organization by

(i)

unrelated organizations

(ii)

related organizations

b

If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

	Yes	No
3a(i)		
3a(ii)		
3b		

4

Describe in Part XIV the intended uses of the organization's endowment funds

Part VI

Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		13,533,773		13,533,773
b Buildings		47,067,039	8,373,144	38,693,895
c Leasehold improvements				
d Equipment		2,242,837	1,946,087	296,750
e Other		3,004,873	2,550,287	454,586
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) ▶				52,979,004

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements			
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	78,257,400
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	66,850,986
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	11,406,414
4	Net unrealized gains (losses) on investments	4	114,292,396
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	592,117
9	Total adjustments (net) Add lines 4 - 8	9	114,884,513
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	126,290,927
Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return			
1	Total revenue, gains, and other support per audited financial statements 	1	189,366,324
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments 	2a	114,292,396
b	Donated services and use of facilities 	2b	
c	Recoveries of prior year grants 	2c	
d	Other (Describe in Part XIV) 	2d	
e	Add lines 2a through 2d	2e	114,292,396
3	Subtract line 2e from line 1	3	75,073,928
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b 	4a	6,478,799
b	Other (Describe in Part XIV) 	4b	-3,295,327
c	Add lines 4a and 4b	4c	3,183,472
5	Total Revenue Add lines 3 and 4c . (This should equal Form 990, Part I, line 12) 	5	78,257,400
Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return			
1	Total expenses and losses per audited financial statements 	1	63,075,397
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities 	2a	
b	Prior year adjustments 	2b	
c	Other losses 	2c	
d	Other (Describe in Part XIV) 	2d	2,703,210
e	Add lines 2a through 2d	2e	2,703,210
3	Subtract line 2e from line 1	3	60,372,187
4	Amounts included on Form 990, Part IX, line 25, but not on line 1 :		
a	Investment expenses not included on Form 990, Part VIII, line 7b 	4a	6,478,799
b	Other (Describe in Part XIV) 	4b	
c	Add lines 4a and 4b	4c	6,478,799
5	Total expenses Add lines 3 and 4c . (This should equal Form 990, Part I, line 18) 	5	66,850,986

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

Identifier	Return Reference	Explanation
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X	THE FOUNDATION IS GENERALLY EXEMPT FROM FEDERAL INCOME TAX UNDER INTERNAL REVENUE CODE (IRC) SECTION 501(C)(3). IN ADDITION, THE FOUNDATION HAS BEEN CLASSIFIED AS AN ORGANIZATION THAT IS NOT A PRIVATE FOUNDATION. INCOME WHICH IS NOT RELATED TO ITS EXEMPT PURPOSES, LESS APPLICABLE DEDUCTIONS, IS SUBJECT TO FEDERAL AND STATE CORPORATE INCOME TAXES. THE COMPANY IS A SINGLE-MEMBER, LIMITED LIABILITY COMPANY (LLC) AND, AS SUCH, IS A "DISREGARDED ENTITY" FOR FEDERAL INCOME TAX PURPOSES, PURSUANT TO SECTION 7701 OF THE IRC. THE FOUNDATION HAD UNRELATED BUSINESS INCOME RELATED TO DEBT FINANCED RENTAL INCOME DURING THE YEARS ENDED JUNE 30, 2011 AND 2010. THE FOUNDATION FOLLOWS THE ACCOUNTING STANDARD ON ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES, WHICH ADDRESSES THE DETERMINATION OF WHETHER TAX BENEFITS CLAIMED OR EXPECTED TO BE CLAIMED ON A TAX RETURN SHOULD BE RECORDED IN THE FINANCIAL STATEMENTS. UNDER THIS GUIDANCE, THE FOUNDATION MAY RECOGNIZE THE TAX BENEFIT FROM AN UNCERTAIN TAX POSITION ONLY IF IT IS MORE-LIKELY-THAN-NOT THAT THE TAX POSITION WILL BE SUSTAINED ON EXAMINATION BY TAXING AUTHORITIES, BASED ON THE TECHNICAL MERITS OF THE POSITION. THE TAX BENEFITS RECOGNIZED IN THE FINANCIAL STATEMENTS FROM SUCH A POSITION ARE MEASURED BASED ON THE LARGEST BENEFIT THAT HAS A GREATER THAN 50 PERCENT LIKELIHOOD OF BEING REALIZED UPON ULTIMATE SETTLEMENT. THE GUIDANCE ON ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES ALSO ADDRESSES DE-RECOGNITION, CLASSIFICATION, INTEREST AND PENALTIES ON INCOME TAXES, AND ACCOUNTING IN INTERIM PERIODS. MANAGEMENT EVALUATED THE FOUNDATION'S TAX POSITIONS AND CONCLUDED THAT THE FOUNDATION HAD TAKEN NO UNCERTAIN TAX POSITIONS THAT REQUIRE ADJUSTMENT TO THE FINANCIAL STATEMENTS TO COMPLY WITH THE PROVISIONS OF THIS GUIDANCE. GENERALLY, THE FOUNDATION IS NO LONGER SUBJECT TO INCOME TAX EXAMINATIONS BY THE U.S. FEDERAL, STATE OR LOCAL TAX AUTHORITIES FOR YEARS BEFORE 2008.
PART XI, LINE 8 - OTHER ADJUSTMENTS		UNREALIZED GAIN ON SWAPS 592,117
PART XII, LINE 4B - OTHER ADJUSTMENTS		RENTAL EXPENSES REPORTED ON LINE 6B -3,295,327
PART XIII, LINE 2D - OTHER ADJUSTMENTS		RENTAL EXPENSES REPORTED ON LINE 6B 3,295,327 UNREALIZED GAIN ON INTEREST RATE SWAP AGREEMENT -592,117

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding
Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19,
or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public
Inspection

Name of the organization
AMERICAN LEGACY FOUNDATION

Employer identification number
91-1956621

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

- 1

Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a

☒

Mail solicitations

e

☒

Solicitation of non-government grants

b

☒

Internet and e-mail solicitations

f

☒

Solicitation of government grants

c

☐

Phone solicitations

g

☒

Special fundraising events

d

☒

In-person solicitations
- 2a

Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

☒ Yes ☐ No
- b

If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990-EZ filers are not required to complete this table.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
MK DIRECT MKTG COMM 301 EAST MARKET STREET CHARLOTTESVILLE, VA 229025262	DEVELOP & MGMT OF ON-LINE & DIRECT APPEALS		No	0	98,965	-98,965
CCS LLC 10630 LITTLE PATUXENT PARKWAY BLDG COLUMBIA, MD 21044	DEVELOPMENT OF DONORS		No	0	50,000	-50,000
M&R STRATEGIC SERVICES 275 SHORELINE DRIVE SUITE 300 REDWOOD CITY, CA 94065	DEVELOP ON-LINE DONOR PROSPECT CAMPAIGN		No	0	13,020	-13,020
Total ▶					161,985	-161,985

- 3

List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing.
- AL, AK, AZ, AR, CA, CO, CT, DE, FL, GA, HI, ID, IL, IN, IA, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO, MT, NE, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VT, VA, WA, WV, WI, WY

Part II Fundraising Events.

Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

Revenue		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events (Add col (a) through col (c))
		(event type)	(event type)	(total number)	
	1	Gross receipts			
	2	Less Charitable contributions			
	3	Gross income (line 1 minus line 2)			
Direct Expenses	4	Cash prizes			
	5	Non-cash prizes			
	6	Rent/facility costs			
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses			
	10	Direct expense summary Add lines 4 through 9 in column (d) ▶			
	11	Net income summary Combine lines 3 and 10 in column (d). ▶			

Part III Gaming.

Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

Revenue		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
Direct Expenses	1	Gross revenue			
	2	Cash prizes			
	3	Non-cash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	<div><input type="checkbox"/> Yes % <input type="checkbox"/> No</div>	<div><input type="checkbox"/> Yes % <input type="checkbox"/> No</div>	<div><input type="checkbox"/> Yes % <input type="checkbox"/> No</div>
	7	Direct expense summary Add lines 2 through 5 in column (d) ▶			
	8	Net gaming income summary Combine lines 1 and 7 in column (d) ▶			

9 Enter the state(s) in which the organization operates gaming activities _____

a Is the organization licensed to operate gaming activities in each of these states? ☐ Yes ☐ No

b If "No," Explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," Explain _____

11

Does the organization operate gaming activities with nonmembers?

Yes

No

12

Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

Yes

No

13

Indicate the percentage of gaming activity operated in

a

The organization's facility

13a

b

An outside facility

13b

14

Provide the name and address of the person who prepares the organization's gaming/special events books and records

Name

Address

15a

Does the organization have a contract with a third party from whom the organization receives gaming revenue?

Yes

No

b

If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount of gaming revenue retained by the third party \$

c

If "Yes," enter name and address

Name

Address

16 Gaming manager information

Name

Gaming manager compensation \$

Description of services provided

Director/officer

Employee

Independent contractor

17

Mandatory distributions

a

Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?

Yes

No

b

Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$

Part IV Complete this part to provide additional information for responses to question on Schedule G (see instructions.)

Identifier	ReturnReference	Explanation
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Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
AMERICAN LEGACY FOUNDATION

Grants and Other Assistance to Organizations,
Governments and Individuals in the United States

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990

OMB No 1545-0047

2010

Open to Public
Inspection

Employer identification number
91-1956621

Part I

General Information on Grants and Assistance

- 1

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ Yes ☐ No
- 2

Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II

Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed. ▶ ☐

1 (a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
See Additional Data Table							

2

Enter total number of section 501(c)(3) and government organizations

58

3

Enter total number of other organizations

3

Part III

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
Use Schedule I-1 (Form 990) if additional space is needed.

(a)Type of grant or assistance	(b)Number of recipients	(c)Amount of cash grant	(d)Amount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) ALMA ADAMS SCHOLARSHIP	6	15,500			
(2) CLGBT YOUTH TBCC PREVENTION	1	500			

Part IV

Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

Identifier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS IN THE U S	PART I, LINE 2	SCHEDULE I, PART I, LINE 2 EACH GRANT CONTRACT IS EXECUTED AND MONITORED BY A LEGACY ASSIGNED PROGRAM OFFICER (PO) UNTIL CLOSED MONITORING CONSISTS OF QUARTERLY CALLS, SITE VISITS AND PROVIDING TECHNICAL ASSISTANCE WHEN REQUIRED PO'S ARE ALSO RESPONSIBLE FOR ENSURING THAT THE REPORTING OF GRANT EXPENDITURES AND DELIVERABLES MEET COMPLIANCE STANDARDS SET BY LEGACY EACH GRANT CONTRACT HAS A SCHEDULE OF REPORTING REQUIREMENTS GRANTEES ARE REQUIRED TO SUBMIT QUARTERLY REIMBURSEMENT FINANCIALS WHICH ARE REVIEWED BY THE PO FOR CONSISTENCY WITH THE APPROVED BUDGET ONCE EXPENSES ARE APPROVED BY THE PO, APPROVAL OF PAYMENT IS GRANTED AND SIGNED OFF ON BY MANAGEMENT THE NARRATIVE REPORTING REQUIREMENTS ON THE DELIVERABLE ACTIVITIES VARIES ACCORDING TO THE GRANTEE AND FUNDING INITIATIVE MINIMALLY, ALL GRANTEES ARE REQUIRED TO SUBMIT A FINAL REPORT ON PROGRAM ACTIVITIES

Software ID:

Software Version:

EIN: 91-1956621

Name: AMERICAN LEGACY FOUNDATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CNMIPOBOX 500409 CK SAIPAH,MP 96950	19-8619463	501(C)(3)	37,108				GENERAL SUPPORT FOR TOBACCO RELATED ISSUES
C-CHANGE3524 KNOLL HAVEN DRIVE ATLANTA,GA 30319	16-1641769	501(C)(3)	100,000				GENERAL SUPPORT FOR TOBACCO RELATED ISSUES
THE OSBORNE ASSOCIATION380 MAIN STREET BEACON,NY 12508	13-5563028	501(C)(3)	16,153				GENERAL SUPPORT FOR TOBACCO RELATED ISSUES
UNIVERSITY OF COLORADO HEALTH SCIENCES CENTER CANCER CENTER13001 E 17TH PLACE MS 519 ROOM E4343 AURORA,CO 80045	84-6000555	501(C)(3)	26,028				GENERAL SUPPORT FOR TOBACCO RELATED ISSUES
MONTEFIORE MEDICAL CENTER AIDS CENTER111 E 210TH ST BRONX,NY 10467	13-1740114	501(C)(3)	12,304				GENERAL SUPPORT FOR TOBACCO RELATED ISSUES
KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT (KDHE)1000 SW JACKSON ST TOPEKA,KS 66612	48-6029925	GOVT ENTITY	38,694				GENERAL SUPPORT FOR TOBACCO RELATED ISSUES
INSTITUTE FOR CULTURAL PARTNERSHIPS3211 NORTH FRONT ST HARRISBURG,PA 17110	25-1776294	501(C)(3)	7,053				GENERAL SUPPORT FOR TOBACCO RELATED ISSUES
ISLAMIC MEDICAL ASSOCIATION OF NA101 WEST 22 STREET LOMBARD,IL 60148	36-4166125	501(C)(3)	11,120				GENERAL SUPPORT FOR TOBACCO RELATED ISSUES
KENTUCKY YOUTH ADVOCATES11001 BLUEGRASS PARKWAY STE100 JEFFERSONTOWN,KY 40299	61-0929390	501(C)(3)	42,148				GENERAL SUPPORT FOR TOBACCO RELATED ISSUES
METRO PUBLIC HEALTH DEPARTMENT311 23RD AVENUE NORTH NASHVILLE,TN 37203	62-0694743	501(C)(3)	6,021				GENERAL SUPPORT FOR TOBACCO RELATED ISSUES
PUBLIC HEALTH FOUNDATION ENTERPRISES13200 CROSSROADS PKWY NORTH STE135 CITY OF INDUSTRY,CA 91746	95-2557063	501(C)(3)	35,593				GENERAL SUPPORT FOR TOBACCO RELATED ISSUES
SETON HEALTH SYSTEMS 1300 MASSACHUSETTS AVENUE TROY,NY 12180	14-1776186	501(C)(3)	18,258				GENERAL SUPPORT FOR TOBACCO RELATED ISSUES

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED GENERAL HOSPITAL2000 HOSPITAL DRIVE SEDRO WOOLLEY,WA 98284	57-1212537	501(C)(3)	6,451				GENERAL SUPPORT FOR TOBACCO RELATED ISSUES
UNIVERSITY OF MASSACHUSETTS55 LAKE AVENUE NORTH WORCESTER,MA 01655	04-3167352	501(C)(3)	14,504				GENERAL SUPPORT FOR TOBACCO RELATED ISSUES
CLINICAL OUTCOMES GROUP INC307 NORTH 2ND STREET POTTSVILLE,PA 17901	73-1706131	501(C)(3)	52,855				GENERAL SUPPORT FOR TOBACCO RELATED ISSUES
COLORADO FOUNDATION FOR PUBLIC HEALTH9457 SOUTH UNIVERSITY BLVD 513 HIGHLANDS RANCH,CO 80126	84-1267213	501(C)(3)	66,908				GENERAL SUPPORT FOR TOBACCO RELATED ISSUES
NATIONAL YOUTH ADVOCACY COALITION 1638 R STREET NW STE 300 WASHINGTON,DC 20009	52-2054071	501(C)(3)	73,339				GENERAL SUPPORT FOR TOBACCO RELATED ISSUES
SOUTHSIDE MEDICAL CENTER1046 RIDGE AVENUE SW ATLANTA,GA 30315	58-1131002	501(C)(3)	35,294				GENERAL SUPPORT FOR TOBACCO RELATED ISSUES
VENTURA COUNTY PUBLIC HEALTH2240 E GONZALES ROAD STE 210 OXNARD,CA 93035	95-6000944	501(C)(3)	32,407				GENERAL SUPPORT FOR TOBACCO RELATED ISSUES
KOKUA KALIHI VALLEY COMPREHENSIVE FAMILY 2239 N SCHOOL STREET HONOLULU,HI 96819	99-0149797	501(C)(3)	53,853				GENERAL SUPPORT FOR TOBACCO RELATED ISSUES
CALIFORNIA RURAL INDIAN HEALTH BOARD 4400 AUBURN BLVD 2ND FLOOR SACRAMENTO,CA 95841	23-7052541	501(C)(3)	14,674				GENERAL SUPPORT FOR TOBACCO RELATED ISSUES
UMITILLA-MORROW HEAD START110 NE 4TH STREET HERMISTON,OR 97838	14-1368361	501(C)(3)	60,923				GENERAL SUPPORT FOR TOBACCO RELATED ISSUES
THE RESEARCH FOUNDATION OF NEW YORK (SUNY)PO BOX 9 ALBANY,NY 12201	93-0937286	501(C)(3)	50,917				GENERAL SUPPORT FOR TOBACCO RELATED ISSUES
CENTER FOR PAN ASIAN COMMUNITY SERVICES 3760 PARK AVENUE DORAVILLE,GA 30340	58-1437980	501(C)(3)	48,240				GENERAL SUPPORT FOR TOBACCO RELATED ISSUES

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JSI RESEARCH AND TRAINING INSTITUTE INC 44 FARNSWORTH STREET BOSTON,MA 02210	04-2578580	501(C)(3)	47,629				GENERAL SUPPORT FOR TOBACCO RELATED ISSUES
JOHNS HOPKINS UNIVERSITY BLOOMBERG SCHOOL OF PUBLIC HEALTH 624 N BROADWAY HAMPTON HOUSE ROOM 280B BALTIMORE,MD 21205	52-0595110	501(C)(3)	15,337				GENERAL SUPPORT FOR TOBACCO RELATED ISSUES
DANA-FARBER CANCER INSTITUTE 44 BINNEY STREET BP-431C BOSTON,MA 02115	04-2263040	501(C)(3)	39,168				GENERAL SUPPORT FOR TOBACCO RELATED ISSUES
THE BOARD OF TRUSTEES OF THE UNIVERSITY OF ILLINOIS PO BOX 20708-0787 SPRINGFIELD,IL 627080787	37-6000511	501(C)(3)	21,252				GENERAL SUPPORT FOR TOBACCO RELATED ISSUES
UNIVERSITY OF WASHINGTON 12455 COLLECTIONS DRIVE CHICAGO,IL 60693	68-0298092	501(C)(3)	6,273				GENERAL SUPPORT FOR TOBACCO RELATED ISSUES
THE TRUSTEES OF COLUMBIA UNIVERSITY 1700 BROADWAY 10TH FLOOR NEW YORK,NY 10019	13-5598093	501(C)(3)	346,401				GENERAL SUPPORT FOR TOBACCO RELATED ISSUES
ROSWELL PARK ALLIANCE FOUNDATION ELM AND CARLTON STREETS BUFFALO,NY 14263	16-1391608	501(C)(3)	53,308				GENERAL SUPPORT FOR TOBACCO RELATED ISSUES
MICHIGAN PUBLIC HEALTH INSTITUTE 2390 WOODLAKE DRIVE SUITE 360 OKEMOS,MI 48864	38-2963835	501(C)(3)	133,675				GENERAL SUPPORT FOR TOBACCO RELATED ISSUES
THE NATIONAL CENTER ON ADDICTION AND SUBSTANCE ABUSE AT COLUMBIA UNIVERSITY 633 THIRD AVENUE NEW YORK,NY 10017	52-1736502	501(C)(3)	56,250				GENERAL SUPPORT FOR TOBACCO RELATED ISSUES
WEILL CORNELL MEDICAL COLLEGE 525 EAST 68TH STREET BOX 586 NEW YORK,NY 10065	13-3957095	501(C)(3)	176,966				GENERAL SUPPORT FOR TOBACCO RELATED ISSUES
LUNG CANCER ALLIANCE 888 16TH STREET SUITE 800 WASHINGTON,DC 20006	91-1821040	501(C)(3)	100,000				GENERAL SUPPORT FOR TOBACCO RELATED ISSUES
AMERICAN NON-SMOKERS RIGHTS FOUNDATION 2530 SAN PABLO AVENUE STE J BERKELEY,CA 94702	94-2922136	501(C)(3)	128,473				GENERAL SUPPORT FOR TOBACCO RELATED ISSUES

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NATIONAL BOARD OF PUBLIC HEALTH EXAMINERS1101 15TH STREET NW STE910 WASHINGTON,DC 20005	20-4927945	501(C)(3)	150,000				GENERAL SUPPORT FOR TOBACCO RELATED ISSUES
PARTNERSHIP FOR PREVENTION1015 18TH STREET NW STE300 WASHINGTON,DC 20036	52-1735637	501(C)(3)	426,170				GENERAL SUPPORT FOR TOBACCO RELATED ISSUES
PUBLIC HEALTH FOUNDATION13200 CROSSROADS PKWY N STE135 CITY OF INDUSTRY,CA 917150786	95-2557063	501(C)(3)	8,012				GENERAL SUPPORT FOR TOBACCO RELATED ISSUES
THE NATIONAL CENTER ON ADDICTION AND SUBSTANCE ABUSE AT COLUMBIA UNIVERSITY 633 THIRD AVENUE NEW YORK,NY 10017	52-1736502	501(C)(3)	353,808				GENERAL SUPPORT FOR TOBACCO RELATED ISSUES
NATIONAL COALITION ON HEALTH CARE1120 G STREET NW STE810 WASHINGTON,DC 20005	52-1687849	501(C)(3)	93,750				GENERAL SUPPORT FOR TOBACCO RELATED ISSUES
CAMPAIGN FOR TOBACCO FREE KIDS1400 I STREET NW SUITE 1200 WASHINGTON,DC 20005	52-1969967	501(C)(3)	2,250,000				GENERAL SUPPORT FOR TOBACCO RELATED ISSUES
TRUSTEES OF COLUMBIA UNIVERSITY615 WEST 131 ST STUDEBAKER 3FL NEW YORK,NY 10027	13-5598093	501(C)(3)	50,045				GENERAL SUPPORT FOR TOBACCO RELATED ISSUES
UCSF919 IRVING ST SUITE 104 UCSF BOX 0939 SAN FRANCISCO,CA 941430939	94-6036493	501(C)(3)	106,147				GENERAL SUPPORT FOR TOBACCO RELATED ISSUES
NORTH AMERICAN QUITLINE CONSORTIUM 4142 E STANFORD DRIVE PHOENIX,AZ 85018	27-0142713	501(C)(3)	20,000				GENERAL SUPPORT FOR TOBACCO RELATED ISSUES
AMERICAN ACADEMY OF PEDIATRICS141 NORTHWEST POINT BLVD ELK GROVE VILLAGE,IL 60007	36-2275597	501(C)(3)	155,187				GENERAL SUPPORT FOR TOBACCO RELATED ISSUES
BETTY FORD CENTER EISENHOWER39000 BOB HOPE DRIVE RANCHO MIRAGE,CA 92270	95-3863994	501(C)(3)	25,000				SPONSOR - ANNL YOUTH ADV YR AWARD GALE 9/10SPONSOR - ANNL YOUTH ADV YR AWARD GALE 9/10
PARTNERSHIP FOR A DRUG FREE AMERICA352 PARK AVENUE SOUTH 9TH FL NEW YORK,NY 10010	13-3413627	501(C)(3)	25,000				SPONSOR - DINNER NY 12/10SPONSOR - DINNER NY 12/10

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE NAT'L CENTER OF ADDICTION SUBSTANCE ABUSE AT COLUMBIA633 THIRD AVENUE NEW YORK,NY 10017	52-1736502	501(C)(3)	25,000				SPONSOR - 19TH ANNUAL DINNER 5/17/11
WOMEN'S POLICY INC409 12TH STREET SW SUITE 310 WASHINGTON,DC 20024	52-1914894	501(C)(3)	25,000				SPONSOR - ANNUAL DINNER 2010SPONSOR - ANNUAL DINNER 2010
PHOENIX HOUSE FOUNDATION164 WEST 74TH STREET 4TH FLOOR NEW YORK,NY 10023	23-7013149	501(C)(3)	25,000				DONATION 2010
ATLANTIC MONTHLY GROUP INC600 NEW HAMPSHIRE AVE NW 4 FL WASHINGTON,DC 20037	04-3483736		20,000				SPONSOR - IDEAS FORUM DC 9/10
CAMPAIGN FOR TBCC FREE KIDS1400 I STREET NW SUITE 1200 WASHINGTON,DC 20005	52-1969967	501(C)(3)	20,000				SPONSOR -GALA 5/18/11
HARVARD SCHOOL OF PUBLIC HEALTH401 PARK DRIVE EAST ATRIUM 3RD FLOOR BOSTON,MA 02215	04-2103580	501(C)(3)	20,000				SPONSOR - NATIONAL CONF
SOCIETY FOR WOMEN'S HEALTH RESEARCH1025 CONNECTICUT AVE NW 701 WASHINGTON,DC 20036	52-1694732	501(C)(3)	20,000				SPONSOR - ANNUAL GALA 5/9/11
BOSTON UNIVERSITY SCHOOL OF PUBLIC HEALTH715 ALBANY ST 580-3RD BOSTON,MA 02118	04-2103547	501(C)(3)	20,000				SUPPORT ONLINE NEWS & TECH ASSIST SVCS
APHA800 I STREET NW WASHINGTON,DC 20001	13-1628688	501(C)(3)	12,000				SPONSOR - ANNUAL EXPO CO 11/10
OPERATION REACH INC 2115 CARONDELET STREET NEW ORLEANS,LA 70130	72-1451613	501(C)(3)	10,000				SPONSOR - YCC 10/10
PHOENIX HOUSE DEVELOPMENT FUND164 W 74TH STREET NEW YORK,NY 10023	13-3020609	501(C)(3)	10,000				SPONSOR - ANNUAL DINNER 11/10
SWIFT SOLUTIONPO BOX 150790 AUSTIN,TX 78715	52-2365019		7,500				SPONSOR - 6TH NAT'L SMOKELESS & SPIT TBCC SUMMIT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ONCOLOGY NURSING SOCIETY200 EAST HOLLY AVENUE SEWELL,NJ 08080	51-0183279	501(C)(6)	5,600				ATTENDEE DISTRIBUTION PROGRAM

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
AMERICAN LEGACY FOUNDATION

Employer identification number
91-1956621

Part I

Questions Regarding Compensation

		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items <div><div><input type="checkbox"/> First-class or charter travel</div><div><input type="checkbox"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input checked="" type="checkbox"/> Tax idemnification and gross-up payments</div><div><input checked="" type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Discretionary spending account</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div>		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain	1b	Yes
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2	Yes
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply <div><div><input checked="" type="checkbox"/> Compensation committee</div><div><input type="checkbox"/> Written employment contract</div><div><input checked="" type="checkbox"/> Independent compensation consultant</div><div><input checked="" type="checkbox"/> Compensation survey or study</div><div><input checked="" type="checkbox"/> Form 990 of other organizations</div><div><input checked="" type="checkbox"/> Approval by the board or compensation committee</div></div>		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization <div><div>a Receive a severance payment or change-of-control payment from the organization or a related organization?</div><div>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</div><div>c Participate in, or receive payment from, an equity-based compensation arrangement?</div></div> If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III	4a	No
		4b	Yes
		4c	No
5	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9. For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of <div><div>a The organization?</div><div>b Any related organization?</div></div> If "Yes," to line 5a or 5b, describe in Part III	5a	No
		5b	No
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of <div><div>a The organization?</div><div>b Any related organization?</div></div> If "Yes," to line 6a or 6b, describe in Part III	6a	No
		6b	No
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7	No
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	8	No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	9	

Part II

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) CHERYL G HEALTON	(i)	545,006	0	37,190	116,750	58,374	757,320	0
	(ii)	0	0	0	0	0	0	0
(2) ANTHONY T O'TOOLE	(i)	387,489	0	21,322	96,750	54,635	560,196	0
	(ii)	0	0	0	0	0	0	0
(3) ELLEN VARGYAS	(i)	283,974	0	19,610	76,750	31,080	411,414	0
	(ii)	0	0	0	0	0	0	0
(4) M DAVID DOBBINS	(i)	309,236	0	3,365	76,750	27,789	417,140	0
	(ii)	0	0	0	0	0	0	0
(5) DAVID ABRAMS	(i)	361,175	0	20,298	36,750	27,724	445,947	0
	(ii)	0	0	0	0	0	0	0
(6) ERIC ASCHE	(i)	225,596	0	1,026	34,070	28,365	289,057	0
	(ii)	0	0	0	0	0	0	0
(7) AMBER BULLOCK	(i)	238,126	0	1,242	35,971	34,782	310,121	0
	(ii)	0	0	0	0	0	0	0
(8) STEPHANIE FOSTER	(i)	228,573	0	2,322	34,847	27,496	293,238	0
	(ii)	0	0	0	0	0	0	0
(9) ROBIN KORNHABER	(i)	227,815	0	3,954	34,622	35,291	301,682	0
	(ii)	0	0	0	0	0	0	0
(10) RAYMOND NIAURA	(i)	277,500	0	1,650	36,750	21,456	337,356	0
	(ii)	0	0	0	0	0	0	0
(11) WILLIAM FURMANSKI	(i)	210,904	0	3,240	31,786	12,098	258,028	0
	(ii)	0	0	0	0	0	0	0
(12) DONNA VALLONE	(i)	206,666	0	1,782	31,561	30,131	270,140	0
	(ii)	0	0	0	0	0	0	0
(13)								
(14)								
(15)								
(16)								

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
	PART I, LINE 1A	THE ORGANIZATION PAID CHERYL G HEALTON TAX INDEMNIFICATION AND GROSS-UP PAYMENTS FOR TAXABLE TUITION EXPENSE OF \$34,824. THE ORGANIZATION PAID HEALTH CLUB DUES FOR THE FOLLOWING EMPLOYEES: THE HEALTH CLUB DUES BENEFIT WAS TREATED AS TAXABLE INCOME TO THE RECIPIENT: CHERYL G HEALTON - \$540, ANTHONY T O'TOOLE - \$540, ELLEN VARGYAS - \$540, ERIC ASCHE - \$540, ROBIN KORNHABER - \$540, WILLIAM FURMANSKI - \$540, JULIA CARTWRIGHT - \$540.
	PART I, LINE 4B	457(F) PLAN: PART II, COLUMN C: RETIREMENT AND OTHER DEFERRED COMPENSATION FOR CHERYL HEALTON INCLUDES 401K CONTRIBUTIONS OF \$36,750. IN ADDITION, DURING THE FISCAL YEAR ENDED JUNE 30, 2008, THE FOUNDATION ESTABLISHED A 457(F) PLAN WHICH VESTS ON JANUARY 1, 2014, WITH FORFEITURE IF EMPLOYMENT ENDS EITHER VOLUNTARILY OR INVOLUNTARILY, BEFORE EARNING THE 2010 CALENDAR YEAR DEFERRED COMPENSATION. REPORTED INCLUDES CONTRIBUTIONS TO THE 457(F) OF \$80,000. PART II, COLUMN C: RETIREMENT AND OTHER DEFERRED COMPENSATION FOR ANTHONY O'TOOLE INCLUDES 401K CONTRIBUTIONS OF \$36,750. IN ADDITION, DURING THE FISCAL YEAR ENDED JUNE 30, 2008, THE FOUNDATION ESTABLISHED A 457(F) PLAN WHICH VESTS ON JANUARY 1, 2014, WITH FORFEITURE IF EMPLOYMENT ENDS EITHER VOLUNTARILY OR INVOLUNTARILY, BEFORE EARNING THE 2010 CALENDAR YEAR DEFERRED COMPENSATION. REPORTED INCLUDES CONTRIBUTIONS TO THE 457(F) OF \$60,000. PART II, COLUMN C: RETIREMENT AND OTHER DEFERRED COMPENSATION FOR ELLEN VARGYAS INCLUDES 401K CONTRIBUTIONS OF \$36,750. IN ADDITION, DURING THE FISCAL YEAR ENDED JUNE 30, 2008, THE FOUNDATION ESTABLISHED A 457(F) PLAN WHICH VESTS ON JANUARY 1, 2014, WITH FORFEITURE IF EMPLOYMENT ENDS EITHER VOLUNTARILY OR INVOLUNTARILY, BEFORE EARNING THE 2010 CALENDAR YEAR DEFERRED COMPENSATION. REPORTED INCLUDES CONTRIBUTIONS TO THE 457(F) OF \$40,000. PART II, COLUMN C: RETIREMENT AND OTHER DEFERRED COMPENSATION FOR M. DAVID DOBBINS INCLUDES 401K CONTRIBUTIONS OF \$36,750. IN ADDITION, DURING THE FISCAL YEAR ENDED JUNE 30, 2008, THE FOUNDATION ESTABLISHED A 457(F) PLAN WHICH VESTS ON JANUARY 1, 2014, WITH FORFEITURE IF EMPLOYMENT ENDS EITHER VOLUNTARILY OR INVOLUNTARILY, BEFORE EARNING THE 2010 CALENDAR YEAR DEFERRED COMPENSATION. REPORTED INCLUDES CONTRIBUTIONS TO THE 457(F) OF \$40,000.
SUPPLEMENTAL INFORMATION	PART III	PART II, COLUMN B III, OTHER COMPENSATION, 457(B) PLAN: PART II, COLUMN B III: OTHER REPORTABLE COMPENSATION FOR ANTHONY O'TOOLE CONSISTS PARTLY OF 457(B) CONTRIBUTIONS OF \$16,500. PART II, COLUMN B III: OTHER REPORTABLE COMPENSATION FOR ELLEN VARGYAS CONSISTS PARTLY OF 457(B) CONTRIBUTIONS OF \$16,500. PART II, COLUMN B III: OTHER REPORTABLE COMPENSATION FOR DAVID ABRAMS CONSISTS PARTLY OF 457(B) CONTRIBUTIONS OF \$16,500.

Schedule K
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule O (Form 990).
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
AMERICAN LEGACY FOUNDATION

Employer identification number
91-1956621

Part I

Bond Issues

(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue Price	(f) Description of Purpose	(g) Defeased		(h) On Behalf of Issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A DISTRICT OF COLUMBIA	53-6001131	2548392L6	03-01-2008	28,000,000	PURCHASE OF NEW BUILDING		X		X		X

Part II

Proceeds

		A		B		C		D	
1	Amount of bonds retired								
2	Amount of bonds legally defeased								
3	Total proceeds of issue	28,000,000							
4	Gross proceeds in reserve funds								
5	Capitalized interest from proceeds								
6	Proceeds in refunding escrow								
7	Issuance costs from proceeds								
8	Credit enhancement from proceeds								
9	Working capital expenditures from proceeds								
10	Capital expenditures from proceeds	28,000,000							
11	Other spent proceeds								
12	Other unspent proceeds								
13	Year of substantial completion	2008							
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?		X						
15	Were the bonds issued as part of an advance refunding issue?		X						
16	Has the final allocation of proceeds been made?	X							
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X							

Part III

Private Business Use

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X						
2	Are there any lease arrangements that may result in private business use of bond-financed property?		X						

Part III

Private Business Use (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use?		X						
b	Are there any research agreements that may result in private business use of bond-financed property?		X						
c	Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?	X							
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government	0 %							
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government	0 030 %							
6	Total of lines 4 and 5	0 030 %							
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	X							

Part IV

Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?		X						
2	Is the bond issue a variable rate issue?	X							
3a	Has the organization or the governmental issuer entered into a hedge with respect to the bond issue?	X							
b	Name of provider	BANK OF AMERICA							
c	Term of hedge	30 000000000000							
d	Was the hedge superintegrated?		X						
e	Was a hedge terminated?		X						
4a	Were gross proceeds invested in a GIC?		X						
b	Name of provider								
c	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
5	Were any gross proceeds invested beyond an available temporary period?		X						
6	Did the bond issue qualify for an exception to rebate?		X						

Part V

Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule K (see instructions)

Identifier	Return Reference	Explanation

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2010

Open to Public
Inspection

Name of the organization AMERICAN LEGACY FOUNDATION	Employer identification number 91-1956621
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Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 5		IN FISCAL YEAR 2011, LEGACY BECAME AWARE OF AN UNAUTHORIZED DIVERSION OF ASSETS IN EXCESS OF \$250,000 COMMITTED BY A FORMER EMPLOYEE THIS FRAUD DID NOT MEET OTHER MATERIALITY TESTS FOR FINANCIAL REPORTING (5% OF YEARLY REVENUES OR 5% OF TOTAL ASSETS) FOUNDATION LEADERSHIP NOTIFIED BOTH ITS BOARD OF DIRECTORS AND LAW ENFORCEMENT, WITH WHOM THE FOUNDATION HAS COOPERATED FULLY IN THE ONGOING INVESTIGATION A SUBSEQUENT INSURANCE CLAIM WAS FILED BY LEGACY AND IN FISCAL YEAR 2012, WAS SUCCESSFULLY SETTLED

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A		THE NATIONAL GOVERNORS ASSOCIATION, NATIONAL ASSOCIATION OF ATTORNEY S GENERAL, AND NATIONAL COUNCIL OF STATE LEGISLATURES EACH HAVE THE AUTHORITY TO APPOINT TWO CLASS A DIRECTORS

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11		UPON COMPLETION OF THE FORM 990, LEGACY'S EXECUTIVE VICE PRESIDENT / CHIEF FINANCIAL AND INVESTMENT OFFICER HOLDS A CONFERENCE CALL/MEETING WITH THE AUDIT COMMITTEE TO REVIEW AND APPROVE THE FORM 990 THE AUDIT COMMITTEE CONSISTS OF 3 BOARD MEMBERS LEGACY'S INDEPENDENT EXTERNAL AUDITORS AND TAX PREPARERS ALSO ATTEND ONCE THE AUDIT COMMITTEE APPROVES THE FORM 990, IT IS THEN PROVIDED TO THE FULL BOARD VIA LEGACY'S SECURE BOARD WEBSITE BEFORE BEING FILED WITH THE IRS LEGACY THEN FILES THE FORM 990 BY THE DUE DATE

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 12C	LEGACY REGULARLY AND CONSISTENTLY MONITORS AND ENFORCES COMPLIANCE WITH ITS CONFLICT OF INTEREST POLICY BY REQUIRING ANNUAL REVIEW OF POLICY AND WRITTEN DISCLOSURES BY ALL DIRECTORS, SENIOR STAFF AND RESEARCH INVESTIGATORS WHICH ARE COLLECTED AND REVIEWED BY THE GENERAL COUNSEL, REQUIRING UPDATED FILINGS AS NECESSARY BY DIRECTORS AND COVERED STAFF, REQUIRING CONTEMPORANEOUS DISCLOSURES OF ALL CONFLICTS AND POTENTIAL CONFLICTS NOT DISCLOSED IN THE ANNUAL FILINGS, BY ALL DIRECTORS AND STAFF, REQUIRING ALL RESEARCH INVESTIGATORS WHO PARTICIPATE IN NIH-FUNDED RESEARCH TO COMPLY WITH NIH'S FINANCIAL CONFLICT OF INTEREST (FCOI) REGULATION AND TO ANNUALLY COMPLETE THE NIH TUTORIAL ON CONFLICTS OF INTEREST, AND PLACING ADMINISTRATIVE RESPONSIBILITY FOR TRAINING AND COMPLIANCE WITH THE GENERAL COUNSEL

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 15	THE PROCESS FOR DETERMINING THE COMPENSATION OF THE CEO AND TOP MANAGEMENT INCLUDES REVIEW AND APPROVAL BY INDEPENDENT PERSONS, COMPARATIVE DATA AND CONTEMPORANEOUS SUBSTANTIATION THE BOARD REGULARLY RETAINS AN INDEPENDENT CONSULTING FIRM TO EVALUATE THE COMPENSATION OF THE CEO AND TOP MANAGEMENT AGAINST THE COMPETITIVE MARKET, INCLUDING COMPARABLE POSITIONS AMONG SIMILARLY SITUATED ORGANIZATIONS AS WELL AS BROADER, RELEVANT MARKET SURVEYS BASED ON THAT ANALYSIS AND PERFORMANCE ASSESSMENTS, THE FULL BOARD SETS THE CEO'S COMPENSATION AND APPROVES OR AMENDS THE CEO'S RECOMMENDATION FOR THE CFO/CIO'S COMPENSATION THE BOARD'S COMPENSATION COMMITTEE REVIEWS AND AMENDS THE COMPENSATION OF THE COO, GC, AND EVP FOR PROGRAM DEVELOPMENT THE CEO MAKES COMPENSATION DECISIONS FOR OTHER KEY EMPLOYEES, UPON RECOMMENDATION OF THE COO

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION C, LINE 19	LEGACY'S FINANCIAL STATEMENTS ARE AVAILABLE ON ITS CORPORATE WEBSITE, WWW.LEGACYFORHEALTH.ORG ITS GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE AVAILABLE TO THE PUBLIC UPON REQUEST

Identifier	Return Reference	Explanation
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED GAINS ON INVESTMENTS 114,292,396 UNREALIZED GAIN ON SWAPS 592,117 TOTAL TO FORM 990, PART XI, LINE 5 114,884,513

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
AMERICAN LEGACY FOUNDATION

Employer identification number
91-1956621

Part I

Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.)

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) M STREET HOLDINGS LLC 2030 M STREET NW WASHINGTON, DC 20036 91-1956621	PROPERTY RENTAL/MGMT	DE	4,525,624	21,153,847	AMERICAN LEGACY FOUNDATION

Part II

Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization	
						Yes	No

Part III

Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproporionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

Part IV

Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership

Part V

Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, 35A, or 36.)

Note. Complete line 1 if any entity is listed in Parts II, III or IV

1

During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a

Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity

b

Gift, grant, or capital contribution to other organization(s)

c

Gift, grant, or capital contribution from other organization(s)

d

Loans or loan guarantees to or for other organization(s)

e

Loans or loan guarantees by other organization(s)

f

Sale of assets to other organization(s)

g

Purchase of assets from other organization(s)

h

Exchange of assets

i

Lease of facilities, equipment, or other assets to other organization(s)

j

Lease of facilities, equipment, or other assets from other organization(s)

k

Performance of services or membership or fundraising solicitations for other organization(s)

l

Performance of services or membership or fundraising solicitations by other organization(s)

m

Sharing of facilities, equipment, mailing lists, or other assets

n

Sharing of paid employees

o

Reimbursement paid to other organization for expenses

p

Reimbursement paid by other organization for expenses

q

Other transfer of cash or property to other organization(s)

r

Other transfer of cash or property from other organization(s)

Yes

No

1a

1b

1c

1d

1e

1f

1g

1h

1i

1j

1k

1l

1m

1n

1o

1p

1q

1r

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determining amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

[illegible]

Part VII **Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier	Return Reference	Explanation
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